



STATE OF CONNECTICUT
Department of Public Health
Information Technology Section
Tele: (860) 509-7186

TO: Data Request Customer

FROM: DATA REQUEST OFFICE
Information Technology Section

RE: Health Care Professional Requests – CD-ROM or Email

This correspondence is intended to provide information to persons and/or organizations requesting in **Electronic data (CD-ROM or Email)** information from the Department of Public Health (DPH) Health Care Licensing database. Completing the attached form(s) will help you understand what is available and likewise, document to us precisely what you are requesting.

Guidelines are as follows:

- We require **PREPAYMENT** for all orders. Your order will not be started until payment is received.
- We will provide the chosen data elements for all the data in electronic form for each selected profession based on the file layout listed on page 5.
- The practitioners on file are referred to as licensed **ACTIVE** for the reason that they are entitled to hold a valid Connecticut license, regardless if they are practicing, not practicing, or retired. *To receive both Active and Inactive licensees, please make your request know in the space provided at the bottom of page 4.*
- Our files currently DO NOT include any employment data or group practice affiliation.
- Some of the data elements may be incomplete and/or unverified in our files because of the type of information we receive from the professional completing their applications. For example, the address given may be their home or business.
- Routine requests may take up to 4 to 6 weeks to process from the date your request is opened and payment is verified for accuracy. If you need overnight shipping as opposed to regular mail, please include your Federal Express billing number on the questionnaire (these charges to be billed directly to you).
- The CD-ROM will contain the “raw” data with a Readme.txt file with details on the file layout and export options.
- For email requests, files will be sent as a “WinZip” file.

DISCLAIMER: Upon receiving your request, we ask you to inspect the data as soon as possible. We will not be responsible for any errors/damages after a 2-month period. It will be at the discretion of our Department whether to replace any data in this time period.

Procedures:

- **PLEASE PRINT LEGIBLY.** We will not be held responsible if your request is sent to the wrong address because the contact information is illegible.
- When filling in the ‘requestor information’, complete ALL lines whether you pick-up your CD or are having the data emailed to you.
- We do not accept payment by credit card.

• NOTE: when writing your check, it must reflect the correct amount and be made payable exclusively to: **“Treasurer, State of Connecticut”**. **OTHERWISE, CHECKS THAT ARE NOT MADE PAYABLE AS INDICATED OR IN THE WRONG AMOUNT, WILL BE RETURNED AND YOUR REQUEST WILL BE DELAYED UNTIL A CORRECT CHECK IS RECEIVED.**

- Upon completion of the forms, please send pages 2 to 4 (keep pages 5 & 6 for future reference) and your check to:
Department of Public Health
Information Technology Section
ATTN: DATA REQUEST OFFICE
410 Capitol Avenue
MS #13DPR
Hartford, Connecticut 06134

If you have questions do not hesitate to contact the Data Request office at (860) 509-7186.

For I.T. Office Use Only:	DATE D.R. E-MAILED:	DATE D.R.SENT OR PICKUP: NAME (pick-up):
<u>Physicians, Homeopaths & Dentists</u>	LRData, Cert, EmpOff, School, Spec, Train	File Suffix:
<u>All Other Professions</u>	LRData, Cert, EmpOff, School, Train	File Suffix:
<i>Date rec'd/Amt.rec'd:</i>	<i>Processed:</i>	<i>Completed:</i>

FOR CD-ROM/E-MAIL

**State of Connecticut
DPH Information Technology Section
Electronic (CD-ROM or E-mail) Data Request Form**

(1) Requestor Information (Complete ALL fields): (PLEASE PRINT OR TYPE LEGIBLY) Contact Person: _____ Company Name: _____ Telephone Number: _____ E-mail* : _____ Address: _____ _____	Date of Request _____
<p>Do you wish to pick-up the request when completed? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, please provide us with a phone number. Do you wish to have the files emailed* when completed? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, please provide your email address above. NOTE: Your request will only be sent express mail if you provide us with a billing/account number. Do you wish to have your request sent to you via Federal Express Overnight Express? <input type="checkbox"/> Yes / <input type="checkbox"/> No (Billing #: _____) If answered Yes, please provide us with an address label with your address as recipient with your billing number on the label. By answering No, please understand that normal shipping will be used to process your request. Please allow at least 4 to 6 weeks for delivery.</p>	

(2) Media type (Check only one): (For electronic medium: MAC or APPLE media are not available). A.) CD-ROM <input type="checkbox"/> B.) EMAIL <input type="checkbox"/> (Be sure your email address is filled in above) (The fee for either a CD or E-mail is given on Page 4.)

(3) Professions (Check ALL that apply):		APPROXIMATE TOTALS		TOTAL LICENSED
	LICENSE TYPE CODES and DEFINITIONS	IN STATE	OUT OF STATE	AS OF 01/21/2009
<input type="checkbox"/>	ALL Professions	157,029	31,802	188,831
<input type="checkbox"/>	43 ACUPUNCTURIST	183	134	317
<input type="checkbox"/>	12 ADVANCED PRAC. REG. NURSE	2,604	436	3,040
<input type="checkbox"/>	91 ASBESTOS ABATEMENT SUPERVISOR	779	524	1,303
<input type="checkbox"/>	90 ASBESTOS ABATEMENT WORKER	740	1,752	2,492
<input type="checkbox"/>	40 ASBESTOS CONSULT.-INSP. MGMT PLNR	81	29	110
<input type="checkbox"/>	39 ASBESTOS CONSULT.-INSPECTOR	182	70	252
<input type="checkbox"/>	41 ASBESTOS CONSULT.-PROJ. DESIGNER	80	40	120
<input type="checkbox"/>	42 ASBESTOS CONSULT.-PROJ. MONITOR	168	53	221
<input type="checkbox"/>	53 ASBESTOS CONTRACTOR	101	134	235
<input type="checkbox"/>	54 ATHLETIC TRAINERS	469	40	509
<input type="checkbox"/>	17 AUDIOLOGIST	198	46	244
<input type="checkbox"/>	25 BARBERS	1,470	150	1,620
<input type="checkbox"/>	45 CERT ALCOHOL / DRUG CNSLR	278	20	298
<input type="checkbox"/>	07 CHIROPRACTOR	850	165	1,015
<input type="checkbox"/>	22 DENTAL GEN ANES/CONS SEDAT PMTE	130	3	133
<input type="checkbox"/>	21 DENTAL CONSCIOUS SEDATION PMTE	15	0	15
<input type="checkbox"/>	13 DENTAL HYGENIST	2,772	731	3,503
<input type="checkbox"/>	02 DENTIST	2,721	460	3,181
<input type="checkbox"/>	59 DIETITIAN / NUTRITIONIST	597	44	641
<input type="checkbox"/>	15 ELECTROLOGISTS	156	18	174
<input type="checkbox"/>	30 EMBALMER	724	123	847
<input type="checkbox"/>	73 EMERGENCY MED SRVCS - INSTRUCTOR	422	10	432
<input type="checkbox"/>	70 EMERGENCY MEDICAL TECHNICIAN	9,881	589	10,470

<input type="checkbox"/>	71	EMERGENCY MEDICAL TECH-INTER	787	19	806
<input type="checkbox"/>	31	FUNERAL DIRECTOR	59	3	62
<input type="checkbox"/>	56	FUNERAL HOMES	298	1	299
<input type="checkbox"/>	20	HAIRDRESSER /COSMETICIAN	21,431	2,537	23,968
<input type="checkbox"/>	37	HEARING INSTRUMENT SPECIALIST	112	9	121
<input type="checkbox"/>	09	HOMEOPATHIC PHYSICIAN	12	1	13
<input type="checkbox"/>	52	LEAD ABATEMENT/CONSULT CNTRTR	28	3	31
<input type="checkbox"/>	50	LEAD ABATEMENT CONTRACTOR	69	36	105
<input type="checkbox"/>	64	LEAD ABATEMENT SUPERVISOR	119	21	140
<input type="checkbox"/>	65	LEAD ABATEMENT WORKER	190	1	191
<input type="checkbox"/>	51	LEAD CONSULTANT CONTRACTOR	30	10	40
<input type="checkbox"/>	68	LEAD INSPECTOR	49	3	52
<input type="checkbox"/>	67	LEAD INSPECTOR RISK ASSESSOR	91	22	113
<input type="checkbox"/>	66	LEAD PLANNER/PROJECT DESIGNER	49	3	52
<input type="checkbox"/>	44	LICENSED ALCOHOL / DRUG CNSLR	629	59	688
<input type="checkbox"/>	16	LICENSED NURSE MIDWIFE	172	39	211
<input type="checkbox"/>	11	LICENSED PRACTICAL NURSE	10,623	1,622	12,245
<input type="checkbox"/>	27	MARRIAGE / FAMILY THERAPIST	863	81	944
<input type="checkbox"/>	29	MASSAGE THERAPISTS	3,525	467	3,992
<input type="checkbox"/>	69	MEDICAL RESPONSE TECHNICIAN	6,317	91	6,408
<input type="checkbox"/>	61	MIDWIFE	1	0	1
<input type="checkbox"/>	05	NATUROPATHIC PHYSICIAN	169	62	231
<input type="checkbox"/>	36	NURSING HOME ADMINISTRATOR	673	163	836
<input type="checkbox"/>	48	OCCUPATIONAL THERAPIST	1,588	324	1,912
<input type="checkbox"/>	49	OCCUPATIONAL THERAPIST ASST	513	89	602
<input type="checkbox"/>	57	OPTICAL SHOP	231	0	231
<input type="checkbox"/>	38	OPTICIAN	602	86	688
<input type="checkbox"/>	03	OPTOMETRIST	484	179	663
<input type="checkbox"/>	72	PARAMEDIC	1,712	202	1,914
<input type="checkbox"/>	14	PHYSICAL THERAPIST	3,330	935	4,265
<input type="checkbox"/>	63	PHYSICAL THERAPIST ASST	425	105	530
<input type="checkbox"/>	23	PHYSICIAN ASSISTANT	1,286	310	1,596
<input type="checkbox"/>	01	PHYSICIANS & SURGEONS/OSTEOPATHS	11,893	4,307	16,200
<input type="checkbox"/>	19	PODIATRIST	261	48	309
<input type="checkbox"/>	46	PROFESSIONAL COUNSELOR	1,416	144	1,560
<input type="checkbox"/>	08	PSYCHOLOGIST	1,552	202	1,754
<input type="checkbox"/>	28	RADIOGRAPHY TECHNICIAN	3,447	503	3,950
<input type="checkbox"/>	10	REGISTERED NURSE	42,173	10,981	53,154
<input type="checkbox"/>	35	REGISTERED SANITARIAN	379	50	429
<input type="checkbox"/>	26	RESPIRATORY CARE THERAPIST	1,391	287	1,678
<input type="checkbox"/>	95	RETIRED ADVANCED PRACTICE NURSE	15	11	26
<input type="checkbox"/>	94	RETIRED LICENSE PRACTICAL NURSE	282	99	318
<input type="checkbox"/>	93	RETIRED REGISTERED NURSE	2,040	832	2,872
<input type="checkbox"/>	58	SOCIAL WORKER	4,519	512	5,031
<input type="checkbox"/>	18	SPEECH PATHOLOGIST	1,952	357	2,309
<input type="checkbox"/>	32	SUB-SURFACE SEWER CLEANER	217	35	252
<input type="checkbox"/>	33	SUB-SURFACE SEWER INSTALLER	2,441	111	2,552
<input type="checkbox"/>	47	VETERINARIANS	936	258	1,194

Lic. Types 93, 94, 95 can work on a volunteer basis but need a regular license to receive any salary.

****"IN-STATE"** column refers to those who gave us a Connecticut address.

****"IN & OUT OF STATE"** column refers to all those who are licensed in Connecticut regardless of the address given.

***PLEASE NOTE ON THE RN FILE: - DUE TO FREQUENT ADDRESS CHANGES,
10% OF THOSE LISTED MAY HAVE INVALID ADDRESSES***

IMPORTANT: BEFORE YOU SUBMIT YOUR REQUEST FOR A CD OR E-MAIL, PLEASE CHOOSE ONE OF EACH OPTION DESCRIBED IN ITEMS 4, 5 AND 6.

(4) Sort order (Check only **one**): [NOT VALID WITH ACCESS DATABASE]

Any sort choice other than what is listed below CANNOT BE ACCOMMODATED. Such as a sort by specialty, CT counties, or data field names.

Alphabetically by Surname then First Name ☐

Zip code then Surname then First Name ☐

City/Town then Surname then First Name ☐

(5) Address Location (Check only **one**): **NOTE** if a selection is not chosen, then the option will default to 'All Licensees'.

All licensees (regardless of address on file) ☐ [These licensees reside either in Conn. or outside of Conn.]

Only Licensees with Connecticut Addresses ☐

(6) File Format (**Applies to a CD-ROM and E-mail**). (Check only **one**): **NOTE:** if a selection is not chosen, then your request will be returned for completion. This action will delay you receiving your request in the time specified.

ASCII Text Fixed Width (Unlimited) ☐

Example:

007	000031	BREWSTER	JEANETTE	126 HOWE AVE		SHELTON	CT	06484
02/08/1926	DC	01/12/1998	04/26/1948	02/28/1999	01	00		

ASCII Text Field Delimited ☐

Example:

"007","000031","BREWSTER","JEANETTE","126 HOWE AVE","SHELTON","CT","06484",
"02/08/1926","DC","01/12/1998","04/26/1948","02/28/1999","01","00"

Microsoft Access 2000 Database ☐ [SORT ORDER NOT VALID WITH ACCESS DATABASE]

(7) FEE: For either CD-ROM or E-MAIL

(The price includes your choices of a sort order, an address location, and a file format)

NOTE: New price effective February 1, 2009

☐ \$40.00 - CD or file (e-mail). This fee is for one or many health professionals on one CD or in one file. Each additional CD or file is \$10.00.

PRICES SUBJECT TO CHANGE WITHOUT NOTICE

PLEASE USE THE SPACE PROVIDED BELOW FOR LISTING SPECIFIED CT TOWNS (the official 169 state town names), CT COUNTIES, OR MEDICAL SPECIALTIES*, ZIP CODES WILL NOT BE ACCEPTED. ALSO USE THIS SPACE FOR ADDITIONAL COMMENTS:

*Specialties refers to Physicians and Surgeons (Code 001), Dentists (Code 002) & Homeopathic Physicians (Code 009) only.

PLEASE KEEP THIS PAGE FOR YOUR RECORDS.

File Layout and Descriptions

LRData Table:

Field Name	Starting Position	Length of Field	Field Type (Alpha/Numeric)	Description
License Type (Code)	1	3	A	To define different professions, i.e., Physicians are coded "001" and Marriage and Family Therapists are coded "027"
License Number	4	6	A	License number assigned by DPH
Surname or Shop Name	10	100	A	The Shop Name is for license types: Asbestos Contractors (053), Funeral Homes (056) and Optical Shops (057), First Name and Middle Initial are not valid for the noted License Types. All other License Types this is the Surname.
First Name	110	50	A	First Name of Licensee
Middle Initial	160	1	A	Middle Initial of Licensee
Address Line 1 ²	161	50	A	1st Line of Address of Licensee
Address Line 2 ²	211	50	A	2nd Line of Address of Licensee
Address Line 3 ²	261	50	A	3rd Line of Address of Licensee
City ²	311	20	A	City of Licensee
State ²	331	2	A	State of Licensee
Zip Code ²	333	10	A	Zip Code of Licensee
Country ²	343	20	A	Country of Licensee
Professional Title	363	4	A	Education Title. i.e., M.D., D.D.S., Ph.D., etc.
Renewal Date ³	367	10	A	Date license was last renewed (one year from date granted)
Grant Date ³	377	10	A	Date when license was granted (may also be a reinstatement date)
Reinstate Date ³	387	10	A	If license was suspended or lapsed for some reason, the date it was reinstated
Expiration Date ³	397	10	A	Date the license expires
Status Code	407	2	A	The Licensee's Status

² The address fields reflect the information the licensee submits on their application form. This may be either their home or office address.

³ The date fields are formatted as "MM/DD/YYYY". Where YYYY is Year Century, MM is Month and DD is day. For example, 02/04/1994, is February 4, 1994.

Specialty Code Table: Physicians and Surgeons/Osteopaths (1), Dentists (2), and Homeopathic Physicians (9).

Field Name	Starting Position	Length of Field	Field Type (Alpha/Numeric)	Description
License Type(Code)	1	3	A	Defines the Professions.
License Number	4	6	A	License number assigned by DPH
Specialty Code	10	3	A	The Specialty Code from the Last Page.
Sub-Specialty Code	13	3	A	Codes Provided in Readme.txt File.

Certification Code Table:

Field Name	Starting Position	Length of Field	Field Type (Alpha/Numeric)	Description
License Type(Code)	1	3	A	Defines the Professions.
License Number	4	6	A	License number assigned by DPH
Certification Code	10	6	A	Codes Provided in Readme.txt File.
Certification Date	16	10	A	Date Certified or Certification Expires only if required.

School Table:

Field Name	Starting Position	Length of Field	Field Type (Alpha/Numeric)	Description
License Type(Code)	1	3	A	Defines the Professions
License Number	4	6	A	License number assigned by DPH
School Attended	10	80	A	School the Practitioner Graduated from
Date of Graduation	90	4	A	Date Graduated from the school

Note: some professions may not have all files listed above.

MEDICAL TRAINING (SPECIALTIES) CODES

Certain professions may have graduated in training in a specialty. Listed below are the professions, profession codes, and the specialties. Note that these codes are self reported by each professional but are not mandatory.

(When selecting specified specialties on CD or E-mail, please list your choices in the space provided on Page 4).

Physicians/Surgeons and Homeopath Specialties

Physician	Homeopath	Descriptions
26	62	Aerospace Medicine
1	37	Allergy and Immunology
69	66	Anatomic Pathology
2	38	Anesthesiology
86	87	Bariatric Medicine
74	73	Cancel Epidemiology
81	80	Clinical Pathology
3	39	Colon and Rectal Surgery
4	40	Dermatology
5	41	Emergency Medicine
6	42	Family Practice
23	59	General Surgery
88	89	Homeopathic Medicine
82	83	Insurance Medicine
7	43	Internal Medicine
77	63	Legal Medicine
8	44	Medical Genetics
9	45	Neurological Surgery
36	64	Neurology
10	46	Neurology/Child Neurology
75	76	Neurosurgery
11	47	Nuclear Medicine
12	48	Obstetrics and Gynecology
68	65	Occupational Medicine
13	49	Ophthalmology
71	72	Oral & Maxillofacial Surgery
14	50	Orthopedic Surgery
15	51	Otolaryngology
35	78	Palliative Care
16	52	Pathology
17	53	Pediatrics
18	54	Physical Medicine and Rehabilitation
19	55	Plastic Surgery
20	56	Preventive Medicine
21	57	Psychiatry
22	58	Radiology
24	60	Thoracic Surgery
999	999	Unknown
25	61	Urology

Dentist Specialties

33	Endodontics
34	General Practice
32	Oral Pathology
27	Oral Surgery
28	Orthodontics
29	Pedodontics (Pediatric Dentistry)
30	Periodontics
31	Prostodontia
999	Unknown